



Bill to: MOUNT SINAI PAYMENT PORTAL
600 UNIVERSITY AVENUE
TORONTO, ONTARIO
M5G 1X5

Admitting Date: 2022/XX/XX
Discharge Date: 2022/XX/XX
MRN: XXXXXXXXX
Patient Name: MOUNT SINAI PAYMENT PORTAL
Date: 2022/XX/XX
Page: 1 of 1
HST#: R119048122
Payment Terms: Upon Receipt

Invoice Number	Service Date YYYY/MM/DD	Description	Qty	Total Amount Billed	Patient Responsibility
XXXXXXXX-1	2022/XX/XX	CHARGE	1	100.00	100.00
		Total Service Charge:		100.00	100.00
		Total Due:		100.00	100.00

Please retain this copy for your records. A receipt will be returned upon request only.

PLEASE DIRECT INQUIRIES TO: REP NAME (416) 586-4800 Ext XXXX EMAIL X@sinaihealth.ca

Payment Options:

- 1) Online and telephone banking are available with most major banks. Please reference MRN XXXXXXXXX.
- 2) Payment portal available on MSH internet site <https://www.sinaihealth.ca/patients-and-visitors/pay-a-mount-sinai-hospital-invoice>
- 3) In person payments can be made at the Cashier Office located at 600 University Ave., 3rd Floor
- 4) Credit card, please fill in your information below.



Please detach and return this portion with your payment.

Name: MOUNT SINAI PAYMENT PORTAL

MRN: XXXXXXXXX

Invoice #: XXXXXXXX-1

Date: 2023/11/07

Please Remit Payment to:

Mount Sinai Hospital
Attn: Accounts Receivable
600 University Avenue
Toronto, Ontario
M5G 1X5

I authorize Mount Sinai Hospital to charge my:	
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
Card #:	_____
Cardholder:	_____
Expiry Date:	_____
Amount	\$ _____
Signature:	_____